



PTO/SB/122
0037.0055

| CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> | | |
|---|------------------------|----------------------|
| Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Application Number | 10/658,487 |
| | Filing Date | September 8, 2003 |
| | First Named Inventor | A.H. HOCHBERG et al. |
| | Art Unit | 2185 |
| | Examiner Name | Stephen C. Elmore |
| | Attorney Docket Number | SJO920030060US1 |

Please change the Correspondence Address for the above-identified patent application to:

☒ Customer Number: **33224**

OR

| | | | | | |
|--|--|-------|--|-----|--|
| <input type="checkbox"/> Firm or Individual Name | | | | | |
| Address | | | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Country | | | | | |
| Telephone | | Fax | | | |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124)

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of Record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
- ☒ Attorney or Agent of Record. Registration Number Registration No. 39,867.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.

Typed or Printed Name David W. Victor

Signature /David Victor/

Date July 26, 2006

Telephone (310) 553-7977

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

☒ *Total of 1 form is submitted.